

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	11					
2	11					
3	11					
4	1					
5	4					
6	4					
7	4					
8	1					
9	1					
10	11					
11	1					
12	4					
13	4					
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TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

	IND	DEP	IND	DEP	IND	DEP
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